U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

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1. File Number U -

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.			4. Name, file number, and address of labor organization.				
Name allen	w jones	Name	blet division	on 124			
		Labor C	rganization File N	umber 023-50	7		
P.O. Box, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any				
Street 2 laurel drive			Street 2 laurel drive				
City princeton		City	princeton				
State West Virginia	ZIP Code + 4 24740-2029	State	West Virgin:	ia	ZIP Code + 4	24740-2029	
5. Position in labor organization	n. president						
Enter appropriate data belo	ow If, during the past fiscal year, you or your spo (except as specified in the exclu	use or mino usions set fo	r child directly or i	ndirectly had any o	f the following in	terests	
A. Held an interest in, engagmonetary value from an em	ged in transactions (including loans) with, or ployer whose employees your organizati	derived inc	ome or other eco	onomic benefit of y seeking to repre	esent.		
6. Name and address of Employer (including trade name, if any).		7.a. Natur	e of Interest, Tran	saction, or Income.			
Name							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if							
		7.b. Amou	ınt.				
Street							
City							
State	ZIP Code + 4						
	Sigr	nature		4		· · · · · · · · · · · · · · · · · · ·	
submitted in this report (inclu	ion. The undersigned declares, under penalty of ding the information contained in any accompany d belief, true, correct, and complete. (See the se	ying docume	nts), has been exa	amined by the signa	that all of the inf tory and is, to the	ormation e best of the	
Signed All	u W Ane	On 7	//19/2005	304-425=24	176		
			Date	Telephone Number			
Processing the Control of the Contro							